

JD-GC-6 Rev. 12-99

Before completing this form you may wish to read the pamphlet:
ATTORNEY GRIEVANCE PROCEDURES IN CONNECTICUT

STATE OF CONNECTICUT
JUDICIAL BRANCH
www.jud.state.ct.us 



INSTRUCTIONS

TYPE OR PRINT

1. Complete this form using black ink and retain a copy for your records. Please type or print neatly.
2. Attach a copy of the fee agreement, if one exists, pertaining to the complaint and all pertinent correspondence with attorney.
3. Send original and 6 copies of this form with 7 copies of any attachments to the address below.

TO: The Statewide Bar Counsel, 287 Main St., 2nd Floor, East Hartford, CT 06118-1885

NAME OF PERSON MAKING COMPLAINT <i>(Complainant)</i>	TELEPHONE NO.
ADDRESS OF COMPLAINANT <i>(No., Street, Town, State, Zip)</i>	
NAME OF ATTORNEY COMPLAINED AGAINST	TELEPHONE NO.
PRINCIPAL OFFICE ADDRESS OF ATTORNEY COMPLAINED AGAINST <i>(No., Street, and Town)</i>	

DESCRIBE YOUR RELATIONSHIP TO THE ATTORNEY WHO IS THE SUBJECT OF YOUR COMPLAINT (Check One):

- ☐ I retained/hired the attorney. ☐ Other (Please describe who the attorney represents): _____
- ☐ The court appointed the attorney to represent me.
- ☐ The court appointed the attorney to represent my children. _____

Complete this section if applicable	DATE ATTORNEY FIRST ACCEPTED YOUR CASE(S)	DOCKET NUMBER(S)	
	NAME OF CASE(S)		IS CASE STILL PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO
	DOCKET NO. AND NAME OF COURT/AGENCY FOR ANY RELATED CASE(S)		IS CASE STILL PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO

NATURE OF COMPLAINT

EXPLAIN, IN CHRONOLOGICAL ORDER, THE DETAILS OF YOUR COMPLAINT. Please type or print neatly. (If more space is necessary, attach additional sheets)

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. On the left side, there is a vertical margin line, creating a narrow left margin. The paper appears to be from a notebook or a standard ruled document.

NAME(S) AND ADDRESSES OF ANY WITNESSES OR PERSONS HAVING KNOWLEDGE OF THE SUBJECT OF THE COMPLAINT

<i>Executed under penalties of false statement.</i>	SIGNED (Complainant)	DATE SIGNED
	X	

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY:	
DATE AND TIME STAMP	<div style="border: 1px solid black; padding: 5px;">COMPLAINT NO.</div> REFERRED TO: _____ _____ _____